

Saint Leo University  
TRANSCRIPT REQUEST FORM

In order for your transcript to be issued you must provide your student ID number (social security number) and have satisfied all financial obligations to the university. There is a charge of \$7.00 for each transcript requested. There is an additional charge of \$32.00 for overnight request(s). Payment must accompany request. Credit card orders are accepted, or you may pay by check or money order. Make check or money order payable to SAINT LEO UNIVERSITY and send all requests to:

Saint Leo University  
Registrar-MC2278  
P.O. Box 6665  
Saint Leo, FL 33574-6665

The university will not provide a transcript or transfer credit until successful completion of coursework at Saint Leo University. Fill out one request form for each address to which you are sending copies. **The fax number to request transcripts is (352) 588-8390.**

Social Security Number/Student Id \_\_\_\_\_ Date of Birth \_\_\_\_\_

Number of Copies \_\_\_\_\_ Date of Request \_\_\_\_\_

Payment Type \_\_\_ Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Credit Card

Card Name \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Daytime phone number \_\_\_\_\_

STUDENT INFORMATION (please print)

\_\_\_\_\_

Last Name, First Name, Middle/Maiden Name

\_\_\_\_\_

Street

\_\_\_\_\_

City,State,Zip

SEND TRANSCRIPT TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_

City,State,Zip

**SPECIAL INSTRUCTIONS – hold transcript until:**

degree posted for term \_\_\_\_\_ year \_\_\_\_\_ specify type \_\_\_\_\_

grade change processed for term \_\_\_\_\_ year \_\_\_\_\_

grade posted for term \_\_\_\_\_ year \_\_\_\_\_ in the following course(s):

The Family Educational Rights and Privacy Act of 1974 requires written authorization from the student before transcripts can be released.

\_\_\_\_\_

Signature of Student